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# NOTICE OF ALLOWANCE AND FEE(S) DUE

34661

7590

05/17/2005

CHARLES N. QUINN FOX ROTHSCHILD LLP 2000 MARKET STREET, 10TH FLOOR PHILADELPHIA, PA 19103 EXAMINER
RINEHART, KENNETH

ART UNIT PAPER NUMBER

3749

DATE MAILED: 05/17/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/883,837      | 06/18/2001  | Stephen B. Maguire   | 40526.04501         | 9967             |

TITLE OF INVENTION: LOW PRESSURE DRYER

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$300           | \$1000           | 08/17/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                          | or Fax                                                                                                                                                                                                                                                                                                                              | (703) 746-4000                                                                                                                                                                                                                                                                                | rginia 22313-1450                                                                                                                                                     |                                                                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| INSTRUCTIONS: This fo appropriate. All further coindicated unless corrected maintenance fee notification                                                                                                                                                                                                                                                               | rm should be used for tran<br>rrespondence including the l<br>below or directed otherwise                                  | smitting the ISSU<br>Patent, advance or<br>in Block 1, by (a             |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               | quired). Blocks 1 through 5 s<br>will be mailed to the current<br>ss; and/or (b) indicating a sepa                                                                    | hould be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for                                      |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)                                                                                                                                                                                                                                                                                           |                                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                       |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                        | 590 05/17/2005                                                                                                             |                                                                          |                                                                                                                                                                                                                                                                                                                                     | have its own certific                                                                                                                                                                                                                                                                         | ate of mailing or transmission.                                                                                                                                       |                                                                                                                       |  |
| CHARLES N. Q<br>FOX ROTHSCHII<br>2000 MARKET ST<br>PHILADELPHIA,                                                                                                                                                                                                                                                                                                       | LD LLP<br>FREET, 10TH FLOOR                                                                                                |                                                                          |                                                                                                                                                                                                                                                                                                                                     | I hereby certify that                                                                                                                                                                                                                                                                         | ertificate of Mailing or Trans<br>this Fee(s) Transmittal is bein<br>e with sufficient postage for fin<br>ail Stop ISSUE FEE address<br>SPTO (703) 746-4000, on the o | a denosited with the United                                                                                           |  |
| FRICADELFRIA,                                                                                                                                                                                                                                                                                                                                                          | FA 19103                                                                                                                   |                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       | (Depositor's name)                                                                                                    |  |
| •                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       | (Signature)                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       | (Date)                                                                                                                |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | FILING DATE                                                                                                                |                                                                          | FIRST NAMED INVE                                                                                                                                                                                                                                                                                                                    | NTOR                                                                                                                                                                                                                                                                                          | ATTORNEY DOCKET NO.                                                                                                                                                   | CONFIRMATION NO.                                                                                                      |  |
| 09/883,837                                                                                                                                                                                                                                                                                                                                                             | 06/18/2001                                                                                                                 |                                                                          | Stephen B. Magu                                                                                                                                                                                                                                                                                                                     | ire                                                                                                                                                                                                                                                                                           | 40526.04501                                                                                                                                                           | 9967                                                                                                                  |  |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                                                                               | ISSUE F                                                                  | EE D                                                                                                                                                                                                                                                                                                                                | UBLICATION FEE                                                                                                                                                                                                                                                                                | TOTAL FEE(S) DUE                                                                                                                                                      | DATE DUE                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                        | L                                                                                                                          | <del></del>                                                              |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               | ``,                                                                                                                                                                   |                                                                                                                       |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | YES                                                                                                                        | \$700                                                                    | <u> </u>                                                                                                                                                                                                                                                                                                                            | \$300                                                                                                                                                                                                                                                                                         | \$1000                                                                                                                                                                | 08/17/2005                                                                                                            |  |
| EXAM                                                                                                                                                                                                                                                                                                                                                                   | IINER                                                                                                                      | ART UN                                                                   | IIT C                                                                                                                                                                                                                                                                                                                               | LASS-SUBCLASS                                                                                                                                                                                                                                                                                 | J                                                                                                                                                                     |                                                                                                                       |  |
| RINEHART                                                                                                                                                                                                                                                                                                                                                               | , KENNETH                                                                                                                  | 3749                                                                     | 1                                                                                                                                                                                                                                                                                                                                   | 034-092000                                                                                                                                                                                                                                                                                    |                                                                                                                                                                       |                                                                                                                       |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                                                                            |                                                                          | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                                       |  |
| 3. ASSIGNEE NAME AND                                                                                                                                                                                                                                                                                                                                                   | RESIDENCE DATA TO B                                                                                                        | E PRINTED ON T                                                           | THE PATENT (print                                                                                                                                                                                                                                                                                                                   | or type)                                                                                                                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                       |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                                                                                                                                                                                                        | an assignee is identified be 37 CFR 3.11. Completion of                                                                    | low, no assignee<br>of this form is NO                                   | data will appear on t<br>T a substitute for filin                                                                                                                                                                                                                                                                                   | the patent. If an assi<br>g an assignment.                                                                                                                                                                                                                                                    | gnee is identified below, the d                                                                                                                                       | locument has been filed for                                                                                           |  |
| (A) NAME OF ASSIGN                                                                                                                                                                                                                                                                                                                                                     | EE                                                                                                                         | (B                                                                       | B) RESIDENCE: (CIT                                                                                                                                                                                                                                                                                                                  | Y and STATE OR C                                                                                                                                                                                                                                                                              | OUNTRY)                                                                                                                                                               |                                                                                                                       |  |
| Please check the appropriate                                                                                                                                                                                                                                                                                                                                           | assignee category or category                                                                                              | ries (will not be pr                                                     | inted on the patent):                                                                                                                                                                                                                                                                                                               | ☐ Individual ☐                                                                                                                                                                                                                                                                                | Corporation or other private gr                                                                                                                                       | oup entity Government                                                                                                 |  |
| 4a. The following fee(s) are                                                                                                                                                                                                                                                                                                                                           | enclosed:                                                                                                                  | 46                                                                       | Payment of Fee(s):                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                                       |  |
| ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                                                                                                     |                                                                                                                            |                                                                          | A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                                       |  |
| Advance Order - # of Copies                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            |                                                                          | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                          | Deposit Account Nu                                                                                                                                                                                                                                                                                                                  | mber                                                                                                                                                                                                                                                                                          | (enclose an èxtra c                                                                                                                                                   | opy of this form).                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                        | MALL ENTITY status. See 3                                                                                                  | 37 CFR 1.27.                                                             |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               | ALL ENTITY status. See 37 C                                                                                                                                           |                                                                                                                       |  |
| The Director of the USPTO<br>NOTE: The Issue Fee and Printerest as shown by the reco                                                                                                                                                                                                                                                                                   | is requested to apply the Issu<br>ublication Fee (if required) words of the United States Pate                             | e Fee and Publicate<br>rill not be accepted<br>nt and Trademark          | tion Fee (if any) or to<br>I from anyone other t<br>Office.                                                                                                                                                                                                                                                                         | re-apply any previou<br>han the applicant; a re                                                                                                                                                                                                                                               | sly paid issue fee to the applica<br>gistered attorney or agent; or the                                                                                               | ation identified above. he assignee or other party in                                                                 |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                          | Date                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                                       |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |                                                                          | Registration No                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                                                                                                       |  |
| This collection of information an application. Confidentialisubmitting the completed apthis form and/or suggestions                                                                                                                                                                                                                                                    | on is required by 37 CFR 1.3<br>ty is governed by 35 U.S.C.<br>plication form to the USPTO<br>for reducing this burden, sh | 11. The information 122 and 37 CFR D. Time will vary ould be sent to the | n is required to obtain<br>1.14. This collection<br>depending upon the<br>chief Information C                                                                                                                                                                                                                                       | n or retain a benefit by<br>is estimated to take 12<br>individual case. Any<br>Officer, U.S. Patent an                                                                                                                                                                                        | the public which is to file (and 2 minutes to complete, includir comments on the amount of tid Trademark Office, U.S. Dep                                             | d by the USPTO to process)<br>ng gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O. |  |

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| APPLICATION N                                                      | 0.   | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO.                      |  |
|--------------------------------------------------------------------|------|-------------|----------------------|-------------------------|---------------------------------------|--|
| 09/883,837                                                         |      | 06/18/2001  | Stephen B. Maguire   | 40526.04501             | 9967                                  |  |
| 34661                                                              | 7590 | 05/17/2005  |                      | EXAMINER                |                                       |  |
| CHARLES N. QUINN FOX ROTHSCHILD LLP 2000 MARKET STREET, 10TH FLOOR |      |             |                      | RINEHART, KENNETH       |                                       |  |
|                                                                    |      |             |                      | ART UNIT                | PAPER NUMBER                          |  |
| PHILADELPHIA, PA 19103                                             |      |             |                      | 3749                    | · · · · · · · · · · · · · · · · · · · |  |
|                                                                    | •    |             |                      | DATE MAILED: 05/17/2005 |                                       |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 136 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 136 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.